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Doctor Says Nixon's Blood Clot Is Responding

By LAWRENCE K. ALTMAN
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LONG BEACH, Calif., Sept. 26 — The blood clot that traveled from former President Richard M. Nixon's left leg to his right lung sometime in the past is responding satisfactorily to anticoagulation therapy, Mr. Nixon's doctor said here today.

In a written bulletin, Dr. John C. Lungren, the physician who is treating Mr. Nixon at Memorial Hospital Medical Center here, said:

"Former President Nixon's latest medical complication, namely an embolus in the right lung, is responding satisfactorily to a combined therapy of oral and intravenous anticoagulants. Coumadin by mouth and heparin b continuous intravenous drip are being administered. [Coumadin and heparin re anticoagulant drugs.] This combined medication will be continued for a number of days."

Dr. Lungren had said after Mr. Nixon's admission Monday that anticoagulation therapy was one of two reasons for hospitalizing the former President. Yesterday, he said he had prescribed Coumadin and heparin. Dr. Lungren also said today that Mrs. Nixon, a daily visitor at bedside, was being kept informed of her husband's condition "at frequent intervals."

In a separate written statement, hospital officials said th Diane Sawyer of Mr. Nixon's staff had allowed the release of the following information:

"Mr. Nixon has been in phone contact with his daughters, Tricia and Julie. He is moved and pleased by the many well wishes he has received. With the exception of a jar of wheat germ from San Clemente, he is eating Memorial Hospital food prepared by the medical center's personnel."

Dr. Lungren awas not vailable for comment on hisbulletin. A hospital spokesman said Dr. Lungren would old live news conferences and anwer questions only when a significant development occurred in Mr. Nixon's case.

Dr. Earl Dore, chief of the hospital's nuclear medicine department and the physicianwith whom Dr. Lungren said he had made the diagnosis of the blood clot in Mr. Nixon's right lung, was not available to answer questions about the test.

Other physicians not connected with Mr. Nixon's case said in interviews today that the type of complication that Dr. Lungren said Mr. Nixon had developed was common.

However, these doctors who were experienced in treating phlebitis and pulmonary emboli, or clots in the lung, at other hospitals distinguished between

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Satisfactorily to Anticoagulation Therapy

an embolus and infarct in the lung.

These doctors agreed that a pulmonary embolus—but not necessarily an infarct—was a likely diagnosis in Mr. Nixon's case given the facts as Dr. Lungren had outlined.

In his news conference yesterday, Dr Lungren said that Mr. Nixon had an embolus and an infarct. However, in today's statement, he referred to just an embolus.

Dr. Kenneth M. Moser, writing in Harrison's "Principles of Internal Medicine;" states that the heart-lung "status of the patient prior to embolism is also critical in determing the clinical severity of embolism." He goes on: "A small embolus may have limited impact upon an otherwise healthy individual but may have serious consequences in someone with advanced cardiac or pulmonary disease. Both experimental and clinical studies have established that infarction—death of lung tissue—rarely accompanies embolic occlusion. It is likely that less than 10 per cent of emboli in man lead to infarction."

The doctors also pointed out that the lung scan, the test upon which the diagnosis seems to have been based, provides suggestive but not conclusive evidence of an embolus or infarct.

A New York specialist in internal medicine said: "The lung scan findings are consistent with but not diagnostic of a pulmonary embolus. In the absence of a pulmonary angiogram it is not definitive evidence of an embolus and certainly not evidence he had an infarct."

Dr. Lungren said yesterday that he did not plan a pulmonary angiogram at that time in Mr. Nixon's case. Medical textbooks state it is the only means to provide anatomic information about the presence of a blood clot in the lung.

The angiogram is a special X-ray diagnostic test in which radio opaque chemical is injected through a tube in an artery to outline the blood vessels of the lung.